RECEIVED

By Carol Day at 7:33 am, Mar 09, 2015

AGESTA					
Complete this report in duplicate at the time of Send copy to Department of Health and Senior	the regular monthly pr Services; retain origina	eventative maintena al in department file.	·		
ALCO SENSOR IV SN	PRINTER SN	13.1891.096	DATE	of Inspection 3/6/15	
26999	<u> </u>	13.1071.070	TIME	OF INSPECTION	
501 EAD	501 EAR AON ST. JOSEPH 2207				
CHECKLIST: Place a mark in the box by each i	tem it found to be satis	factory or if operatir	ng within established	limits. (vvrite in observed vai-	
ues where determined.) Unmarked items must be corrected before using instrument.					
DIGITAL READOUT (ALL ELEMENTS OPE	ERATIONAL)				
TEMPERATURE OF ALCO SENSOR (1 0-0	C - 40-C) 				
PRINTER WORKING PROPERLY					
TIME AND DATE DISPLAYING PROPERLY					
BREATH ALCOHOL ACCURACY STANDARD	<u>s</u>				
SIMULATOR SOLUTION		COMPRESSE	D ETHANOL-GAS M	IIXTURE	
STANDARD SUPPLIERINTOXI	METERS LO	OT #AG428002	EXP. DATE	10-07-2016	
SIMULATOR TEMPERATURE (34'C ± 0.2	:'C) SIMU	LATOR SN	SIMULATO	OR EXP DATE	
less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE					
TEST 1101	EST 2 -	.100	TEST 3 -	.100	
RFI DETECTOR OPERATING					
INDICATE THE NUMBER OF BREATH TESTS (DO NOT INCLUDE SELF-ADMINISTERED TO	S IN THE FOLLOWING	G RANGES SINCE	THE LAST MAINTE	NANCE REPORT:	
(DO NOT INCLUDE SELF-ADMINISTERED II	: I		1	1	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519) 0	(OVER .19) 0	
List any new parts and describe any alteration established limits (use other side if necessary).	or modification that w	as made to restore	the instrument to op	erate satisfactorily and within	
INSPECTING OFFICER					
SIGNATURE			PRINT NAME ROBERT PAUL		
TYPE II PERMIT NUMBER/EXPIRATION DATE 230306 12-11-2015			TELEPHONE NUMBER 816-271-4777		
Return completed report to the: Breath Alco 2875 James	ohol Program, MO Der es Boulevard ff, MO 63901	artment of Health a	nd Senior Services,	Southeast District Office	

(A)	Uoid: RFI 12 83/86/15 22:19 Subject Name	Subject I.D. Operator Name, I.D. Mukon Man SYM	LCC31100
65 IV Serial no: 026999 Version no: 7409 TEST RECORD 01622 9/	Subject Name	Subject I.D. Operator Name, I.D.	c
AS IV Serial no: 626999 Version no: 7489 TEST RECORD 61621 Air Date Time 218L	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Subject I.D. OPerator Mame, I.D. Alter SYYY	Location
AS IU Serial no: 826939 Version no: 7489 TEST RECORD 81628 97 Temp Date Time 2181		Subject I.D. OPerator Name, I.D. Amus Syyy Incation	



Airgas USA LLC (LAB)

3500 Bernard Street St. Louis, Mo. 63103 Ph: (314) 533-3100

Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 8-Oct-2014

Lot # AG428002

Exp. Date 7-Oct-2016 Cyl. Type

Component

Certified Concentration

108

Ethanol Nitrogen $0.100 \pm 2\%$ BrAC (272 ppm)

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No.	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

NDIR

Digitally signed by Quality Control Date: 2014 10.08 12:15:00 -05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES **BREATH ALCOHOL PROGRAM**



PERMIT TYPE II

ROBERT L PAUL

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

10.114.10.012	want
DATE12/11/2013	DIRECTOR OF STATE PUBLIC HEALTH LABORATORY
NUMBER 230306	Dal Vasterly
EXPIRES 12/11/2015	
MO 580-0771 (6-10)	LAB-4 (R6-10



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired at in Missouri.

Operator Permit No

Date Issued 12/11/2013 Date Expires 12/11/2015